

DEPARTMENT OF FINANCE AND ADMINISTRATION

P.O. BOX 1272 - LITTLE ROCK, ARKANSAS

OFFICE OF MOTOR VEHICLE 72203

☐ AUTO CHECK ONE BLOCK ☐ MOTORCYCLE

Send \$25.00 Fee With Request

REQUEST FOR PERSONALIZED LICENSE PLATE

Owner type or print as shown on current registration certificate	
Name	
Current Address	
City	Zip Code
Current Arkansas License Plate, Operator or Chauffeurs License No.	Telephone # Optional

I hereby request the following personalized license plate number and certify that my registration privileges have not been revoked or suspended.

The local Revenue Office **cannot** research a request for availability. The application must be submitted to the Special License Unit only. No search request by phone.

Show 3 choices, in order of preference
(See instructions - reverse side)

PLEASE DO NOT REQUEST A SELECTION THAT YOU DO NOT WANT!
PLEASE MAKE SURE ALL LETTERS ARE CAPITALIZED AND NUMBERS ARE
WRITTEN CLEARLY.

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1st choice

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2nd choice

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3rd choice

Signature of Owner _____

After choice has been submitted and accepted by this office with \$25.00 fee, there can be no change or refund of fee. Personalized License are ordered the first of every month. The new tags should return to this office in about 8 to 10 weeks after the order goes to the factory.

TO BE COMPLETED IN LITTLE ROCK OFFICE. DO NOT WRITE BELOW.

License Ordered _____ Order Date _____

Agent Signature _____ County _____

DATE REC'D. CHECK # DATE APPROVED SPECIAL FEE

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